

TREATMENT FOSTER CARE STANDARDS FOR CHILD PLACING AGENCIES

CHAPTER 135.

MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES PROVIDING TREATMENT

FOSTER CARE SERVICES

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PART I.

Definitions.

22 VAC 40-135-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

“Agency” means child-placing agency.

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“Ammunition” is projectiles with their fuses, propelling charges and primers fired from guns and other explosive military items including grenades, bombs, or dynamite.

“Birth parent” means the child’s biological parent.

“Case management” means an activity, including casework, which assists clients in gaining and coordinating access to necessary care and services appropriate to each client’s needs.

"Casework" means both direct treatment with an individual or several individuals, and intervention in the situation on the client's behalf. The objectives of casework include: meeting the client’s needs, helping the client deal with the problem with which he is confronted, strengthening the client's capacity to function productively, lessening distress, and enhancing opportunities and capacities for fulfillment.

“Casework Trainee” means a professional staff person who has a bachelor’s degree in a field other than social work or a field related to social work or who does not have experience providing casework services to children and families as described in these standards and who has been hired to perform the duties of case worker.

"Certification" means the process of review by representatives of the Commissioner, the application of an established set of standards, and the granting of permission to operate a specific service or services when the applicant is found to comply with those standards.

"Child" means any natural person under eighteen years of age.

"Child's family" means the birth or adoptive parents, legal guardians or family to whom the child may return.

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"Child-placing activities" means the activities involved in the placement of children in foster or adoptive homes, child-caring institutions or independent living arrangements. Activities include those specified in these standards.

"Child-placing agency" means any (per the COV) person who places children in foster homes, adoptive homes, child-caring institutions or independent living arrangements pursuant to the Code of Virginia or a local board of public welfare or social services that places children in foster homes or adoptive homes pursuant to the Code of Virginia.

"Commissioner" means the Commissioner of the Department, his designee or authorized representative.

"Community Policy and Management Team" means a team described in the Code of Virginia Chapter 52 § 2-5200 of.

"Complaint" means an accusation received either orally or in writing that: a child-placing agency is not in compliance with one or more of these standards or one or more statutory requirements; an agency foster or adoptive home is not in compliance with one or more applicable requirements of these standards; or, a child placed in a home or institution by a child-placing agency is being abused or neglected as defined by the Code of Virginia or subjected to unwholesome influences or to neglect or mistreatment as stated in the Code of Virginia.

"Department" means the Virginia Department of Social Services.

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“Emergency placement” means the placement of a child by a local department of social services that has within the past 72 hours, removed the child from his home or previous placement due to abuse or neglect or other emergency discharge.

“Firearms” are weapons from which shot is discharged by gunpowder.

"Foster care placement" means placement of a child for foster care services through (i) an agreement between the parents or guardians and the local board or the public agency designated by the community policy and management team where legal custody remains with the parents or guardians or (ii) an entrustment or commitment of the child by the child's parents, guardians or the court to the local board or child-placing agency.

"Foster care services" means the provision of a full range of casework, treatment and community services for a planned period of time to a child who is abused or neglected as defined in the *Code of Virginia* or in need of services as defined in the *Code of Virginia* and his family when the child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board of social services or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians, or(iii) has been committed or entrusted to a local board of social or licensed child-placing agency.

"Foster home" means the place of residence of any natural person in which any child, other than a child by birth or adoption, resides as a member of the household.

“Initial plan of care” means a written plan which delineates the services that are to be provided to the child within the first 45 days of placement.

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"Interstate placement" means the placing of a child outside the Commonwealth by a Virginia agency or the placing of a child in Virginia by an individual or agency outside the Commonwealth pursuant to the Interstate Compact on the Placement of Children..

"License" means a document issued by the Commissioner of Social Services in the Commonwealth of Virginia verifying approval to operate a private child-placing agency.

"Licensee" means an individual, association, partnership or corporation to whom the license is issued.

"Licensing representative" means an agent of the Commissioner authorized to carry out the responsibilities and duties specified in the *Code of Virginia*.

"Non-custodial agreement" means the agreement which specifies the conditions for care and control of the child that the local department of social services or public agency designated by the community policy and management team enters into with the parent or parents or guardians to place a child in foster care when the parent or parents or guardians retain custody.

"Permanent entrustment agreement" means an agreement in which the parents relinquish all parental rights and responsibilities to the child and free the child to be placed for adoption.

"Person" shall include any individual, corporation, partnership, association, company, business, trust, joint venture or other legal entity.

"Personal Care Products" are items necessary for personal hygiene and grooming. Personal care products include, but are not necessarily limited to, soap, shampoo, deodorant, toilet tissue,

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toothpaste, toothbrush, combs, shaving equipment, menstrual pads or tampons, clean washcloths and towels.

“Physical Punishment” means punishment administered through the intentional inflicting of pain or discomfort to the body (i) through actions such as, but not limited to, striking or hitting with a part of the body or with an implement; (ii) through pinching, pulling, shaking, binding a child, forcing him to assume an uncomfortable position, or locking him in a room or other enclosure; or (iii) through a similar action which normally inflicts pain or discomfort.

"Physical restraint" means a therapeutic intervention where a child's body movements are restricted by means of physical contact only, as a short-term, emergency means to manage out of control and unsafe behavior.

“Placing agency” means the agency that placed the child with the licensed or certified child-placing agency. Placing agencies may be other licensed child-placing agencies or local departments of social services.

"Professional staff" means an individual who possesses the required qualifications and who performs the duties of executive director, program director, director of social services, child-placing supervisor, case supervisor, case worker, or casework trainee as described in these standards.

"Records" means the written information assembled in a file or recorded electronically in a computer database relating to the agency, an employee, a volunteer, a child, a child's family, and a treatment foster family.

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"Respite care" means care provided to the child for the express purpose of providing 24 hours or more of rest or relief to the primary treatment foster parents.

"Restraint" means a mechanical, chemical or physical restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely; and a drug or medication that is used to restrict the resident's freedom of movement that is not a treatment for the child's medical or psychiatric condition or used as prescribed by the child's physician. This definition includes the use of over the counter medication for the purposes of restraint except as may be prescribed by the child's physician. This definition excludes generally accepted restraint devices used appropriately for the child's age and development such as feeding chairs or those mechanical restraints required by law such as automobile safety seats and seat belts. It does not include orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a child for the purpose of conducting routine physical examinations or tests or devices to protect the child from falling out of bed or devices used to permit the child to participate in activities without the risk of physical harm.

"Seclusion" means a behavior control technique involving placing a child in a room with the door secured in a manner that prevents the child from opening it.

"Special needs" means a diagnosed physical, mental or emotional condition, which in the opinion of the diagnosing physician or licensed professional (i) is likely to continue indefinitely, (ii) interferes with daily routine, and (iii) requires extensive medical intervention or extensive family management.

"State board" means the State Board of Social Services.

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“Temporary entrustment agreement” means a voluntary agreement between the parents or guardians and the local board or child-placing agency where the local board or child-placing agency takes custody of a child for a period not exceeding 90 days without court approval.

“Time out” means a behavior management technique that is part of an approved treatment program and may involve the separation of the child from other individuals, in a non-locked setting, for the purposes of calming. Time out is not seclusion.

"Treatment" is the coordinated provision of services and use of professionally developed and supervised interventions designed to produce a planned outcome in a person's behavior, attitude, emotional functioning or general condition.

"Treatment foster care (TFC)" is a community-based program where services are designed to address the special needs of children and families. Services to the children are delivered primarily by treatment foster parents who are trained, supervised and supported by agency staff. Treatment is primarily foster family based, and is planned and delivered by a treatment team. Treatment foster care focuses on a continuity of services, is goal directed, results oriented, and emphasizes permanency planning for the child in care.

"Treatment foster parents" means the individual or couple approved and trained by the licensed or certified child-placing agency to provide treatment foster care services.

"Treatment and service plan" means a written comprehensive plan of care, based on an assessment of the medical, psychological, social, behavioral, and developmental aspects of the child's situation, containing measurable goals, procedures and interventions for achieving them, and a process for assessing the results. The treatment and service plan states the treatment

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objectives, prescribes an integrated program of therapies, activities and experiences designed to meet the objectives and includes coordination with related community services to ensure continuity of care with the child's family, school and community.

"Treatment team" means the group that provides mutual support, evaluates treatment, and designs, implements and revises the treatment and service plan. Treatment team members are persons directly involved with the child and may consist of the child, professional agency staff, other professionals, the child's family members (where appropriate), the child-placing agency and the treatment foster parents.

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PART II.

Scope and Applicability.

22 VAC 40-135-20. Scope and applicability.

A. This regulation shall apply to licensed or certified child-placing agencies. It shall specifically apply to the following:

1. Private child-placing agencies that provide treatment foster care services as stipulated in this chapter. Specific sections also apply to or impact the treatment foster parents approved by them.

2. Local departments of social services that apply for Medicaid certification to provide treatment foster care case management services as stipulated in this chapter. Specific sections apply to or impact the treatment foster parents approved by them.

B. Individuals or agencies shall be licensed or authorized by the *Code of Virginia* to conduct child-placing activities in Virginia.

C. Officers, employees, or agents of the Commonwealth, or of a county, city, or town, who serve as or maintain a child-placing agency shall not be required to be licensed, if authorized by the *Code of Virginia* to provide the services of a child-placing agency.

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PART III.Organization and Administration.22 VAC 40-135-30. Sponsorship.

A. Agencies shall have a clearly identified sponsor. An individual, partnership, association, or corporation, may operate a child-placing agency. This section shall not apply to local departments of social services.

B. When an agency is sponsored by an individual, the individual is the licensee. The individual shall have knowledge of and experience in the program and services the agency offers.

C. When an agency is sponsored by a partnership, the partnership shall serve as the licensee and have a written agreement (articles of partnership) which allows operation and maintenance of a child-placing agency where at least one of the members has knowledge of and experience in the programs and services the agency offers.

D. When an agency is sponsored by an unincorporated association, the association shall have:

1. A governing board that serves as a licensee where at least one of the members has knowledge of and experience in the programs and services the agency offers; and

2. A written constitution or by-laws that includes the operation and maintenance of a child-placing agency.

E. When an agency is sponsored by a corporation, it shall have:

1. A governing board that serves as the licensee where at least one of the members has knowledge of and experience in the programs and services the agency offers;

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2. A certificate of corporate status issued by the State Corporation Commission or, for corporations based out of state, a certificate of authority to transact business in the Commonwealth; and

3. A charter that specifies that the purpose of the corporation includes the operation of a child-placing agency.

22 VAC 40-135-40. Maintaining standards.

A. The licensee or certified agency shall be responsible for meeting and maintaining these standards and for following other relevant federal, state and local laws and regulations.

B. The agency shall provide licensing representatives reasonable opportunity to inspect the facilities, books, and records related to the child-placing agency including the minutes of all board and committee meetings for corporations and unincorporated associations.

C. The agency shall allow the department's representative to interview the agency's agents, employees, and individuals under its control, direction or supervision.

D. In order to determine continued compliance with standards, the department's licensing representative shall make announced and unannounced inspections of the agency, including its approved treatment foster homes as the licensing representative deems necessary, during the hours of operation or service. The licensee is responsible for correcting areas of non-compliance found during these inspections.

22 VAC 40-135-50. Initial and renewal application.

A. The applicant for an initial license shall:

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1. Provide a plan of financing that demonstrates evidence of income and other financial resources that will ensure the financial means to operate in compliance with this chapter for a period of 12 months. This shall not apply to local department of social service.
2. Provide a balance sheet showing current assets and liabilities, the agency's projected budget detailing the expected income and expenses for the year, and documentation that it has cash on hand or a line of credit to cover the first 90 days of operating expenses. This shall not apply to local departments.
3. Provide the department with a written statement appointing a staff member to serve in the executive director's absence and describing the duties and authority of the designated substitute.
4. Provide a copy of the program statement and policies and procedures.
5. The applicant may withdraw an application for a license.

Note: Applicants shall refer to *General Procedures and Information for Licensure*, for additional information and requirements.

B. The applicant to renew an existing license shall

1. Provide a plan of financing that demonstrates evidence of income and other financial resources that will ensure the financial means to operate in compliance with this chapter for a period of 12 months. This shall not apply to local departments of social services.
2. Renewal applications shall include a statement for the previous fiscal year showing actual income and expenditures, a balance sheet showing current assets and liabilities, and a budget

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detailing income and expenses for the current fiscal year if the agency is less than six months into its current year. This shall not apply to local departments of social services.

If the agency does not have an approved budget for the next fiscal year at the time of the renewal application, it shall submit a statement indicating the current status of its finances and the status of the projected budget for the next fiscal year. The agency shall submit the next fiscal year's budget to the licensing representative as soon as it is completed and approved.

3. Provide the Department with a written statement appointing a staff member to serve in the executive director's absence and describing the duties and authority of the designated substitute.

4. For agencies that have operated more than twelve months, a copy of the most recent auditor's report by a certified public accountant not associated with the agency shall be submitted. This section does not apply to local departments of social services.

5. The applicant may withdraw an application for a renewal license and cease operations upon the expiration of the existing license.

C. Nothing in this section shall relieve an applicant from the requirement for 22 VAC 15 –20-10 et seq and 22 VAC 40 –80-10 et seq.

22 VAC 40-135-60. Financial Records.

A. The agency shall maintain a ratio of assets to liabilities of at least one. This section shall not apply to local departments of social services.

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B. Financial records shall be audited annually by a certified public accountant not associated with the agency. This section does not apply to local departments of social services.

22 VAC 40-135-70. Agency requirements.

A. The agency shall maintain professional staff in an office within Virginia from which the child-placing activities are carried out.

B. The agency shall provide office space, equipment and supplies to ensure confidentiality and safekeeping of records, privacy for interviewing and conferences, and availability of visiting rooms for families and children. Rooms and offices may serve multiple functions.

C. A vehicle used to transport clients shall have a valid license and inspection sticker. This does not apply to local department of social services.

D. Individuals transporting children shall use automobile safety seats and automobile seat belts in accordance with the requirements of the *Code of Virginia*.

Note: Licensee's shall refer to *General Procedures and Information for Licensure*, for additional information and requirements.

22 VAC 40-135-80. Records for children and treatment foster homes.

A. Active and closed records shall be kept in locked, metal files located in a Virginia office. They shall be systematically filed.

B. Records are confidential. Agencies shall provide for confidentiality of records in accordance with applicable state and federal laws.

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C. Documentation required by this chapter shall be dated and signed by the person who performed the service.

D. To be in compliance with a standard:

1. There shall be written evidence that the requirement has been met;

2. It shall be completed by the required date if a time limit is specified in the standard;

3. It shall be filed in the appropriate record within 30 days unless otherwise specified in this chapter.

NOTE: Whenever possible, information shall be recorded in the appropriate place and not repeated elsewhere.

22 VAC 40-135-90. Retention of records.

A. When the foster care record is closed for services, the record shall contain as applicable, all court orders, assessments, service plans, administrative panel reviews, and the discharge summary. Pertinent documents including, but not limited to, eligibility determinations, medical and educational reports and the social history shall also be retained. Personal items belonging to the child, such as report cards, drawings, and pictures, shall be given to the child or the child's parent or custodian.

B. If a child has been reunited with the child's (this implied by) family before reaching majority, case records shall be retained five years after the child reaches age 18.

C. If a child is not reunited with the child's family nor adopted, the record shall be kept permanently.

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D. When an agency ceases to operate, it shall inform the department in writing of the location for the retention of its records.

22 VAC 40-135-100. Disclosure of information.

A. A foster care youth who has reached age 18, has not been adopted, and has not had parental rights terminated shall have the right to request and receive information from his record, including information about a parent or relative.

B. If a youth has not been adopted, has reached age 18, and has had parental rights terminated, he shall have access to his records, but not to identifying information pertaining to his biological family, except by order of circuit court.

C. Information concerning children who have been legally adopted shall be revealed to them only in accordance with the provisions of the *Code of Virginia*.

22 VAC 40-135-110. Caseload Size.

A. The treatment foster care case worker shall have a maximum caseload of 12 children for a full-time staff person. The caseload shall be adjusted downward if:

1. The case worker's job responsibilities exceed those listed in the agency's job description for a case worker, as determined by the supervisor; or

2. The difficulty of the client population served requires more intensive supervision and training of the treatment foster parents.

3. The caseload of a less than full-time staff person shall be proportional to the time spent providing casework services to the agency.

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B. There shall be a maximum of six children in the caseload for a casework trainee. This number may be increased to nine by the end of the first year and 12 by the end of the second year.

C. There shall be a maximum of three children in a caseload for a student intern.

22 VAC 40-135-120. Conflict of interest.

A. No parent of a child currently placed by the agency may serve as a board member of the agency. The parent of a child previously placed may serve as a board member of the agency.

B. No foster home applicant shall serve as a board member of the child-placing agency.

C. An approved foster parent may serve as a board member for that agency but may not vote on a foster care policy issue.

D. Professional staff members of an agency may not serve as foster parents of the agency for which they work.

22 VAC 40-135-130. Policies and procedures.

A. The agency shall implement a policy to ensure that children are not (i) subjected to physical punishment, (ii) subjected to physical abuse, mental or emotional abuse or sexual abuse, (iii) subjected to verbal abuse or remarks that belittle or ridicule the child or his family; (iv) subjected to physical neglect or denied essential program or treatment services, meals, water, clothing, bedding, sleep, or personal care products; or (v) subjected to humiliating, degrading or abusive actions.

B. The agency shall have written policies and procedures for investigating, responding to and reporting allegations of misconduct toward children, including reporting suspected child abuse or

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neglect to the local department of social services or the Child Abuse and Neglect Hotline when the allegation involves child-placing agency staff or individuals residing in approved foster homes.

C. The agency shall have a written plan for back-up emergency care in the event that a child's placement in a family disrupts.

D. The agency shall implement written policies and procedures governing the agency's responsibility to determine that foster parents (i) properly administer and document the medication as prescribed for foster children placed in their homes; (ii) have information of side effects and actions to be taken; (iii) notify the agency of adverse reactions to medications; and (iv) have knowledge of the secure storage, retention and disposal of medication.

E. The agency shall implement a written policy and procedure governing the assignment of designated staff to be on call to foster parents on a 24-hour, seven days a week basis.

F. The agency shall have a written discharge policy describing both planned and emergency discharge from the program.

G. The agency's written policy shall forbid mechanical restraint, chemical restraint, and seclusion.

H. Agencies that do not permit the use of physical restraint shall have a policy that prohibits physical restraint. Agencies that do permit physical restraint shall have written policies and procedures governing the use of physical restraint by professional staff and treatment foster parents. Physical restraint is only to be used by professional staff and treatment foster parents as

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a short-term, emergency means to manage out of control and unsafe behavior in crisis situations.

The policies and procedures shall include:

1. Guidelines to follow and the non-intrusive crisis intervention techniques approved for use by professional staff and treatment foster parents before using physical restraint;
 2. A description of the agency approved methods of restraint and the training required prior to the use of these methods; and
 3. A description of the agency's methods for determining the professional staff and treatment foster parents' abilities to apply these methods.
 4. A statement that physical restraint may only be imposed in emergency or crisis circumstances and shall be only that which is minimally necessary to ensure the immediate physical safety of the child or other individuals. Physical restraint may not be imposed to avoid breakage or loss of property.
 5. A statement that physical restraint interventions will cease if the child suffers adverse effects such as illness or injury.
 6. A statement that the agency must provide written notification to the child's parent, guardian, or the custodial agency prior to admission that physical restraint is used by the agency along with the agency's policies regarding the use of physical restraint.
- I. The agency shall have a written policy addressing the agency's plans for active cases if the agency should cease operation.
- J. Foster homes may be approved by more than one agency.

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1. If treatment foster homes are approved by more than one agency, the agency shall notify and obtain permission from the other approving agencies, before placing a child in the home.
2. All agencies involved should be informed regarding the treatment and special needs of each child placed including information gathered to complete the application for admission and the most recent service or treatment plan.
3. Each approving agency is responsible for its own approval of the foster home when it is used by more than one agency.

K. The written policies required by these standards shall be submitted to the licensing representative with the initial application and all changes shall be submitted within 30 days after the change is made.

22 VAC 40-135-140. Program evaluation.

Treatment foster care agencies shall develop and implement a written program evaluation plan which:

1. Describes the information to be collected, summarized and analyzed at least annually; and
2. Identifies who will have access to the evaluation and how it will be used;
3. Describes the factors for assessing the effectiveness of the services provided.

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PART IV

Personnel.

This section shall not apply to local departments of social services.

22 VAC 40-135-150. Position descriptions.

A. The agency shall have a written description of the duties and responsibilities, educational requirements and work experience required for each staff classification in its program. The position description shall also indicate the job title of the immediate supervisor.

B. A copy of each description shall be given to the licensing representative at the time of the initial application and when descriptions are substantially changed.

22 VAC 40-135-160. Personnel records.

A. A separate personnel record shall be maintained for each employee and contract employee.

The record shall contain:

1. The application for employment or resume;
2. A list of educational credentials and relevant work experience, giving dates, places and details substantiating qualifications required by this chapter;
3. An official transcript or other original documentation provided by the educational institution to the child-placing agency verifying educational credentials as required by this

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chapter. If the transcript or documentation cannot be obtained, the agency shall document its efforts to obtain verification of educational credentials;

4. At least two written references requested by the agency, or a record of interviews with references obtained first-hand by the agency before employment;

5. Copies of satisfactory background checks Conducted pursuant to section 63.2-1721 of Code of Virginia;

6. Annual performance evaluations for professional staff;

7. Documentation of training received; and

8. Verification that the applicant has a valid driver's license if the applicant is to transport children.

B. The agency shall follow the background check requirements set out in section 63.2-1721 of the Code of Virginia and related regulations promulgated by the State Board of Social Services and maintain documentation of compliance. The necessary requirements for a background check are sworn statement or affirmation, criminal history record check, and search of the central registry.

C. If the agency permits the use of physical restraint, the training and qualifications of any supervisory or senior staff person designated to monitor and assess the use of physical restraint shall be documented in the individual's personnel record.

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22 VAC 40-135-170. Staff composition and qualifications.

A. Staff members designated to perform the functions described in these standards shall perform these functions from an office located in the Commonwealth.

B. When a staff person serves multiple functions within the agency, he shall meet the qualifications for each position held. The agency is not limited to the use of the job titles in this chapter, but shall provide the licensing representative with a written statement designating which job titles match those required in these standards.

22 VAC 40-135-180. Executive director.

A. The licensee shall appoint an executive director to whom responsibility for the administration of the agency has been delegated in writing. An individual licensee may be the executive director.

B. The executive director is responsible to the licensee for the administration of the agency, including implementation of agency policies, procedures, and financial management.

C. The executive director shall have a master's degree plus five years of experience in a social service agency or program including one year in an administrative, supervisory or management consultation capacity.

D. When the executive director does not have a master's degree in social work from a college or university accredited by the Council on Social Work Education, a program director or director of social services who meets the qualifications as specified in these standards shall be employed.

22 VAC 40-135-190. Program director or director of social services.

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A. The program director or director of social services shall:

1. Supervise directly or through others all child-placing staff and activities; and
2. Assist the executive director and governing body in the formulation and implementation of the agency's policies and programs related to child placing and in the specific program area in which the program director or director of social services works.

B. The program director or director of social services shall have a master's degree in social work from a college or university accredited by the Council on Social Work Education, plus three years of experience in providing casework services to children and their families including one year as an administrator or supervisor of casework services.

22 VAC 40-135-200. Child-placing supervisor.

A. When an agency employs six or more child-placing staff persons, the agency shall employ a child-placing supervisor.

B. The supervisor shall be responsible for direct supervision of case workers.

1. The supervisor shall ensure that each assigned case worker fulfills his required responsibilities.
2. The supervisor shall ensure that each assigned case worker provides the documentation required for each case record.
3. The supervisor may not supervise more than eight case workers.

C. The child-placing supervisor shall have:

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1. A master's degree in social work from a college or university accredited by the Council on Social Work Education plus two years of experience in providing casework services to children and families; or
2. A baccalaureate degree plus four years of experience in providing casework services to children and families.

22 VAC 40-135-210. Case worker.A. Responsibilities of case worker include:

1. Interviewing children and families;
2. Conducting and writing home studies;
3. Providing training and guidance to the treatment foster parents;
4. Service planning by developing individualized treatment and service plans to describe the services and resources required to meet the service needs of the client and to access those resources. Service planning shall not include performing medical and psychiatric assessment but shall include referrals for assessments. The case worker shall collaborate closely with the Family Assessment and Planning Team and other involved parties in preparation of case plans;
5. Counseling children and families in preparation for placement or discharge;
6. Supervising children in foster homes;
7. Preparing and maintaining case records;

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8. Coordinating services to minimize fragmentation of care, reduce barriers, and link children with appropriate services to ensure comprehensive, continuous access to needed medical, social, educational, and other services appropriate to the needs of the child;

9. Assessing to determine the clients' needs for psychosocial, nutritional, medical, and educational services.

10. Coordinating referrals by assisting the child in arranging for appropriate services and ensuring continuity of care for a child in treatment foster care. The case worker shall link the child to services and supports specified in the individualized treatment and service plan. The case worker shall directly assist the child to locate or obtain needed services and resources. The case worker shall coordinate services and service planning with other agencies and providers involved with the child by arranging, as needed, medical, educational, and dental services;

11. Monitoring service delivery and following up by assessing ongoing progress in each case. The case worker shall continually evaluate and review each child's plan of care. The case worker shall collaborate with the Family Assessment and Planning Team and other involved parties on reviews and coordination of services to youth and families; and

12. Providing education and counseling to the child by guiding the child and developing a supportive relationship that promotes the service plan.

B. The case worker shall have:

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1. A master's degree in social work from a college or university accredited by the Council on Social Work Education or a field related to social work such as sociology, psychology, education or counseling, with a student placement in providing casework services to children and families. One year of experience in providing casework services to children and families may be substituted for a student placement; or
2. A baccalaureate degree in social work or a field related to social work including sociology, psychology, education or counseling and one year of experience in providing casework services to children and families; or
3. A baccalaureate degree plus two years experience in providing casework services to children and families.

22 VAC 40-135-220. Casework trainee.

When an agency employs a casework trainee, the following conditions shall be met:

1. The trainee shall have a baccalaureate degree;
2. The program director or director of social services or a supervisor of child placing shall directly supervise the casework trainee on at least a weekly basis, and develop a written training program listing topics to be covered during the period of time the individual is a casework trainee;
3. An individual without the required two years experience providing casework services to children and families shall remain a casework trainee until two years of experience providing casework services to children families has been obtained. Experience providing casework

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services to children and families of less than two years obtained before employment may be counted towards the time needed to meet the minimum qualifications for case worker.

4. Placement recommendations made by the trainee shall be approved by the supervisor.

22 VAC 40-135-230. Volunteers and Student Interns.

A. The agency shall, if it makes use of volunteers and students/interns, have a written plan for their selection, orientation, training, supervision and assignment. Only staff who usually supervise or perform the assigned tasks may supervise volunteers.

B. When the individual is used to perform a professional staff function or responsibility, the individual shall meet the qualifications for the position.

C. The agency shall not be wholly dependent upon the use of volunteers, students or interns receiving professional training to ensure the provision of services.

D. If an agency provides professional training to undergraduate or graduate students or interns, it shall have a written plan for their selection, orientation, training, assignment and evaluation.

E. An individual with a doctorate degree or a master's degree in social work from a college or university accredited by the Council on Social Work Education shall supervise students or interns who perform child-placing activities. That supervisor shall approve placement recommendations made by the student or intern.

22 VAC 40-135-240. Staff development.

A. Professional staff shall participate in orientation and training within 30 days after employment. Orientation and training shall address:

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1. The agency's program statement, policies and procedures including expectations for service delivery, confidentiality, and documentation;
2. These standards, related policies in the Division of Service Programs' policies, child abuse and neglect reporting laws, and other relevant laws and regulations of the Commonwealth of Virginia;
3. The individual's job description and skills needed for the position;
4. The requirements of the Department of Medical Assistance Services related to treatment foster care case management services if the agency is accepting Medicaid reimbursements for case management services;
5. The agency's treatment philosophy and methodologies for the provision of treatment foster care case management services; and
6. The agency's policies on behavior management.
7. Procedures for handling emergencies involving children in treatment foster care as reported by treatment foster parents or others during and outside the agency's regular office hours.

B. Professional staff shall also participate in the agency's full pre-service training for treatment foster parents within six months following the start of employment.

C. Prior to allowing professional staff to utilize physical restraint techniques, agencies that permit physical restraint shall train designated professional staff in less intrusive interventions

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and in physical restraint techniques approved by the agency. Physical restraint training must include:

1. Prevention and alternatives to physical restraint including verbal techniques for de-escalation and mediation;
2. Needs and behaviors of the population served;
3. Relationship building and how behavior can influence or lead to a crisis;
4. Agency policies and procedures regarding the use of physical restraint;
5. The proper administration of physical restraint techniques. Professional staff must have hands-on training which includes the opportunity to practice the proper administration of physical restraint techniques prior to approval. The training must be supervised by a qualified staff person or trainer approved or certified to utilize the physical restraint technique he is teaching;
6. De-escalation methods;
7. Avoiding power struggles;
8. Thresholds for restraint;
9. Monitoring physical and mental well-being including signs of physical distress;
10. Determining the need for and obtaining medical assistance;
11. Legal issues;

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12. Position asphyxia or death that occurs when an individual's body position interferes with breathing;

13. Self-protection, escape and evasion techniques;

14. Determining when to discontinue physical restraint including time limits;

15. The process for notifying the designated supervisory or senior staff person of the use of physical restraint, and the process for obtaining approval to continue restraint, if necessary;

16. Procedures to address problematic restraints;

17. Documentation of the use, circumstances, less restrictive techniques utilized prior to initiating physical restraint, and the duration of the physical restraint intervention;

18. Processing with children, and follow-up with staff; and

19. Procedures for investigating and handling injuries and complaints.

D. The agency shall schedule or make available outside the agency ongoing education or training for professional staff throughout the calendar year to include:

1. An update to the topics covered during orientation, to include changes in the agency's policies and procedures, these standards, identification of child abuse and neglect and reporting procedures,

2. Training or education that will enhance and develop knowledge and skills in treatment foster care placements; services to children and their families; services to treatment foster parents; assessment and evaluation of foster homes; and grief and loss issues for children in

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treatment foster care, including the significance of birth families to children placed in treatment foster care.

3. The agency's policies on behavior management, treatment philosophy and skill training in the specific treatment methodologies it employs, including crisis intervention techniques; and

4. Ongoing education or training in effectively working with children who have emotional and behavioral problems and who may have been abused and neglected.

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PART V.Program Description.22 VAC 40-135-250. Program description.

A. A child-placing agency shall have a comprehensive written program description of its services, organizational structure, policies, and record keeping, including:

1. The purpose of the treatment foster care program, including a description of the population the agency is prepared to serve and the geographical area to be served.
2. The agency's treatment philosophy and the specific treatment techniques it uses, including the specific behavior management strategies to be used by the agency's treatment foster parents.
3. A staffing pattern which allows for the intensity of services required in treatment foster care; describes the professional staff responsible for the treatment services, the treatment team, and treatment plans; provides for at least one full-time professional staff or part-time staff whose hours are equivalent to a full-time position; and designates a qualified individual responsible for the program.
4. An open admissions policy if federal, state, or local social service agency funds are accepted. The policy shall state that the program is open to all children without regard to race, color, national origin or gender. It shall also state that children with disabilities will be accepted if their needs can be reasonably accommodated. The agency shall include either the

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whole policy or a summary of this policy in its advertisements or other materials distributed to the public.

5. For an agency that receives public funds, the policy shall also include the statement that the agency may not:

a. Categorically deny a person the opportunity to become a treatment foster parent, solely on the basis of the race, color, or national origin; or

b. Delay or deny the placement of a child into foster care or for adoption, or otherwise discriminate in making a placement decision, solely on the basis of the race, color or national origin of the child involved.

c. The agency shall include either the whole policy or a summary of this policy in its advertisements or other materials distributed to the public.

6. A list of the agency's intake requirements; and decision-making procedures for acceptance, matching, placement and discharge from care.

7. The agency shall specify in its program description all considerations it will use in making a placement decision.

8. A description of the services provided to children, their families and foster families.

9. A description of the agency's procedures and requirements for treatment foster family study and approval including a description of orientation and training.

10. A description of the responsibilities and workload of the child-placing staff, and the training provided to professional staff.

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11. The requirements for the organization and contents of the child's case record, to include documentation required by these standards.

12. Description of services offered and an explanation of the fee system, if the agency has a fee system.

B. The program description shall be submitted with the initial application, reviewed annually, and revised when changes are made in the program. When changes are made, a revised program description shall be provided to the licensing representative within 30 days.

C. The program description shall be made available to the Board of Directors, professional staff, and other interested parties upon request. Either the full statement or a summary shall be given to agencies and individuals who inquire about the services provided.

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Part VI.Placing a Child in Treatment Foster Care

22 VAC 40-130-260. Authority to place.

Before placing a child in treatment foster care, the agency shall have the authority to place based on one of the following:

1. A court commitment;

2. A permanent entrustment by the parents or other person having legal custody;

3. A temporary entrustment by the parents or other person having legal custody.

4. A placement agreement from an agency with legal custody; or

5. A placement agreement signed by the local department of social services having jurisdiction when a non-custodial agreement has been signed between the parent or legal guardian and the local department or another public agency.

EXCEPTION: An agency licensed as a child-placing agency and certified as a school for children with disabilities by the Department of Education shall not be required to take custody of a child placed in its special education program but shall enter into a placement agreement with the parent or other individual holding custody.

22 VAC 40-130-270. Placement agreement.

A. When a child is accepted for placement from another child-placing agency that is retaining custody or has a non-custodial agreement with the parents or guardian, the receiving agency shall

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obtain a placement agreement before placing the child. It shall specify the financial and other responsibilities of each agency including the services each agency agrees to provide for the child, the child's family and foster family.

B. The agreement shall be signed by a person from each agency who has the authority to commit the agency to the provisions.

C. The agreement shall also include:

1. Provisions for receiving consent for routine and emergency medical and dental care for the child;
2. Permission for out of state travel; and
3. Permission, if necessary, for the child to participate in fund-raising activities.

D. The non-custodial agreement shall be signed by the custodial agency or by the local department of social services and by the parent or guardian when the placement is authorized through a non-custodial agreement with the parents. If changes are made, the non-custodial agreement shall be amended and the changes signed or initialed by an appropriate person. The child-placing agency shall obtain, or document effort to obtain, a copy of the non-custodial agreement.

E. The receiving agency shall secure a copy of the foster care service plan that was sent to the court or document its efforts to obtain a copy.

F. The child-placing agency shall provide the custodial agency with a copy of the most recently issued child-placing agency license or certificate to provide treatment foster care services.

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G. The agency shall cooperate with the custodial agency and allow access to the child at all times.

22 VAC 40-135-280. Entrustment agreements.

When accepting a child for placement from a parent or other individual holding legal custody, the child-placing agency shall obtain a temporary entrustment and follow the requirements of the Code of Virginia. See Chapter B, Foster Care Services, in the Service Programs' Manual, Volume VII, Section III, Temporary Entrustment Agreements, for guidance.

22 VAC 40-135-290. Admission.

A. The agency shall receive and assess the following material before a child's admission.

Admission material shall show the date it was received by the child-placing agency. Agencies receiving emergency placements shall have 30 days to receive this information.

B. An application for admission which includes:

1. The reason for the placement;
2. The services requested by the placing agency, parent or guardian;
3. Current information on the child's health, behavior in the home or in the previous living situation;
4. Current school information, including grade level and adjustment to school;
5. Information on the child's skills, interests, strengths and talents;
6. A list of current medications, dosages prescribed, and reasons for the medications;

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7. Emotional and psychological problems of the child, including needs and professional treatment received;

8. The child's permanency planning goal and planned achievement date; and

9. The names of parent or guardian, placing agency, placing agency worker, including addresses, telephone numbers, and emergency contacts.

B. Most recent service or treatment plans from other placements and most recent discharge plan, if any.

C. A social history that includes the following:

1. Information on the child's family structure, family relationships, and a description of the family's involvement with the child;

2. The child's previous placement history;

3. The child's developmental, educational and medical history;

4. The child's history as a victim of abuse and neglect, if applicable;

5. The family's medical history; and

6. The education and occupation of each parent.

D. Psychological and psychiatric assessments completed in the twelve months before the referral date, if any.

E. Background information on the child from other sources, such as court reports and previous social histories, if any.

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F. If the information required in this subsection is incomplete, not available, or is unknown to the individual or agency placing the child, the licensed agency shall have 30 days from placement to receive and compile this information in the child's record. If the information cannot be located and obtained, the reasons shall be documented in the child's record.

22 VAC 40-135-300. Medical examination.

A. A medical examination by or under the direction of a licensed physician shall be completed within the 90 days before placement. When a child accepted in an emergency has not had an examination within the 90 days before placement, he shall have one within 30 days after placement.

EXCEPTION: When a child has been in the continuous placement of a public or private agency and the medical examination is no more than a year old, the 90-day requirement may be waived.

A report of medical treatment provided in the interim shall be provided.

B. The medical examination report shall include:

1. Immunizations given in the past thirteen months or since the last examination; and
2. The current health status and physical condition, including:
 - a. growth and development;
 - b. visual and auditory acuity;
 - c. nutritional status;
 - d. evidence of freedom from tuberculosis in a communicable form;

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e. allergies;

f. chronic conditions;

g. drug usage; and

h. disabilities.

C. There shall be a description of previous medical treatment, medical services provided to child, including names and addresses of medical providers and copies of available reports.

D. Dental examination.

Children shall have had a dental examination within 12 months before placement or within 60 days after placement.

22 VAC 40-135-310. Matching.

A child shall be accepted and placed only after careful consideration of how well the prospective treatment foster family can meet the child's needs and preferences. Important considerations include, but are not limited to:

1. Treatment foster parents' specific skills, abilities and attitudes needed to work effectively with the child to be placed in their care in the areas of behavior management, crisis intervention and stabilization, supportive counseling, and implementation of a treatment and service plan;

2. The treatment family composition, willingness and ability to work with the child's family; and

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3. Availability and access to resources required to meet the child's needs including supervision.

4. The presence of other children in the home and any risk to the safety and well-being of the child being considered for placement or children already placed in the home.

22 VAC 40-135-320. Pre-placement interview and visit.

A. Unless there are valid reasons for not doing so, the agency shall interview the child and his parent or legal guardian before placement. If the child, the parent or the legal guardian cannot be interviewed, the reason shall be documented in the child's record. This shall not apply to emergency placements.

B. The agency shall prepare the child for placement and arrange a pre-placement visit for the child in the treatment foster home. If this is not possible, the reason shall be documented in the child's record. This shall not apply to emergency placements.

22 VAC 40-135-330. Admission summary and initial plan of care.

A. Within two weeks of placement, the agency shall prepare a written summary based on the agency's assessment of the admission information required in these standards. and shall include the following:

1. The strengths and needs of the child and the child's family;
2. A summary of the pre-placement interview and placement;
3. The reason a particular treatment foster home was selected and the matching factors considered for this decision;

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4. The initial plan of care describing services to be provided to the child and the child's family during the first 45 days of care;

5. The reason the child was accepted;

6. Who was involved in the decision; and

7. The date the decision was made.

B. The agency shall ensure that children are provided treatment, services, and care in a nurturing home setting with attention given to the health, safety, and welfare of the child.

22 VAC 40-135-340. School enrollment.

The agency shall contact school authorities within five working days of placement to arrange for the enrollment of school age children. This shall also apply when a child is moved from one treatment foster home to a different treatment foster home or when the treatment foster family changes residence.

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Part VII.

Treatment and Services.

22 VAC 40-135-350. Treatment teams.

A. The agency shall assure that a professional staff person provides leadership to the treatment team which includes:

1. Managing team decision-making regarding the care and treatment of the child and services to the child's family;

2. Providing information and training as needed to treatment team members; and

3. Involving the child, the child's family, and the custodial agency in treatment team meetings, plans and decisions and keeping them informed of the child's progress, whenever possible.

B. Treatment team members shall consult as often as necessary, but at least on a quarterly basis.

22 VAC 40-135-360. Treatment and service planning.

A. The agency shall prepare an individualized treatment and services plan for each child in its care. Service plans are to be compatible with the goals in the foster care service plan sent to the court.

B. When available, the parents shall be consulted unless parental rights have been terminated. If the parents cannot be consulted, the agency shall document the reason in the child's record.

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C. The child-placing agency shall work actively to support and enhance child-family relationships and work directly with families toward reunification as specified in the treatment and service plan.

D. When the agency holds custody of the child, a service plan shall be filed with the court within 60 days after the agency receives custody unless the court grants an additional 60 days, or the child is returned home or placed for adoption within 60 days. The agency shall follow the requirements of the *Code of Virginia* related to service plans, court reviews, dispositional hearings and permanency planning hearings. Agencies shall refer to the *Services Program Manual, Volume VII, Section III, Chapter B Foster Care* for additional guidance.

22 VAC 40-135-370. Individualized treatment and service plan.

A. An individualized treatment and service plan shall be developed and implemented for each child within the first 45 days of placement and annually, which shall include:

1. A comprehensive assessment of the child's emotional, behavioral, educational, nutritional and medical needs, including an assessment of the potential need for physical restraint, if physical restraint is allowed by the agency. The assessment of potential need for physical restraint should include the potential for harm to self or others, previous incidents of out of control behavior, previous use of physical restraint and any known outcomes, and any conditions or medications that might result in the need for restraint or might affect the use of restraint.

2. The treatment goals and objectives, including:

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- a. The child's specific problems, behaviors or skills to be addressed;
 - b. The criteria for achievement; and
 - c. Target dates for each goal and objective.
3. The program of therapies, activities and services to be provided by the child-placing agency and community resources, including:
- a. The specific methods of intervention and strategies designed to meet the goals and objectives in this subsection; and
 - b. A description of how the agency is working with related community resources, including the child's primary care physician, to provide a continuity of care.
4. The permanency planning goals and objectives, services to be provided for their achievement, and plans for reunification of the child with his family, where appropriate.
Unless specifically prohibited by court order, foster children shall have access to contact with their families consistent with the service plan sent to the court.
5. A description of the child's supervision needs and the plan for supervision consistent with the child's needs, including supervision arrangements when the treatment foster parents are out of the home. Children shall be supervised by a responsible adult; supervision arrangements made by the treatment foster parent shall be approved by the agency.
6. A description of the type, method and criteria for use of physical restraint approved by the agency, if the agency has a policy allowing the use of physical restraint. The description shall include specific restraint techniques that may or may not be used along with the name

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and relationship to the child of individuals approved to physically restrain the child. If any part of this description is modified, the modification must be signed by the child's parent, guardian or a representative of the custodial agency.

7 A description of the discharge plan for the child including proposed discharge placement, party or parties responsible for arranging discharge placement and the target date for discharge from the program.

8. For children age 16 and over, the plan shall include a description of the programs and services that will promote the child's transition from foster care to independent living.

9. Plan of contact and visitation between the foster child, his family and others, whose relationship shall be specified, to include frequency, duration, mode of contact, any supervision required and the party or parties responsible for initiating and arranging contact. The agency shall support contact and visitation between the foster child, his family and others as specified in the treatment and service plan. Unless specifically prohibited by court, custodian or custodial agency, foster children shall have access to regular contact with their families.

10. Based on the agency's evaluation and work with the child and the child's family, it shall develop other areas, if applicable, to be addressed in the comprehensive treatment and service plan.

11. The plan shall include the dated signature of the case worker. It shall indicate the individuals including members of the treatment team who participated in its development.

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B. The case worker shall include and work with the child who has the ability to understand, the custodial agency, the treatment foster parents and the parents, where appropriate, in the development of the treatment and service plan or document the reasons this was not possible.

The child's comments shall be recorded in the plan.

1. A copy shall be provided to the custodial agency.

2. A copy shall be provided to the treatment foster parents as long as no information about the child's birth family is revealed without the latter's written consent.

3. A copy shall be provided to the parents, if appropriate, as long as no information about the treatment foster parents is revealed without the latter's written permission.

C. The treatment foster family shall be provided supervision, training, support and guidance in implementing the treatment and service plan for the child.

22 VAC 40-135-380. Quarterly progress report and ongoing service plans.

A. Quarterly progress reports shall be completed beginning three months after the date of the child's placement and every three months thereafter. The progress report shall be written and filed in the record no later than thirty days after completion.

B. The progress report and ongoing services plan shall specify:

1. The time period covered. The progress report shall address the previous three months of service. The ongoing services plan shall address the upcoming three months of service;

2. Progress made during the previous three months on the child's specific problems, behaviors, and skills to be addressed.

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3. Interventions and strategies to be implemented during the next three months to address the problems, behaviors or skills identified;
4. Progress made on achieving the treatment goals and objectives during the previous three months including:
 - a. goals and objectives met or deleted,
 - b. goals and objectives to be continued or modified, or
 - c. goals and objectives to be added for the next three months, and
 - d. criteria for achievement and target dates for each goal and objective continued or added.
5. A description of the therapies, activities, and services provided during the previous three months toward the treatment goals and objectives; and
6. Any changes in therapies, activities, and services needed for the next three months.
7. A description of progress made during the previous three months towards the permanency planning goals, including plans for reunification of the child and family or placement with relatives, any changes in these goals, and services to be provided during the next three months;
8. The child's assessment of his progress and his description of services needed, where appropriate;
9. A description of the contact between the child and the child's family during the previous three months, where appropriate, including as applicable, date, mode of contact, duration,

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place, individuals present and their relationship to the child, supervision provided, and any outcomes resulting from the contact.

10. The plan for contact between the child and the child's family for the next three months, where appropriate;

11. Medical needs, specifying medical treatment provided and still needed.

12. Medications provided including medication added or discontinued during the past three months and any side effects noted;

13. An update to the description of the child's supervision needs and plan of supervision.

14. An update to the discharge plans, including the projected discharge date;

15. A description of the programs and services provided to children 16 and older to help the child transition from foster care to independent living, where appropriate; and

B. The plan shall include the dated signature of the case worker. It shall indicate members of the treatment team who participated in its development.

C. The case worker shall include and work with the child who has the ability to understand, the custodial agency, the treatment foster parents and the parents, where appropriate, in the development of the quarterly progress report and ongoing service plan or document the reasons this was not possible. The child's comments shall be recorded in the plan.

1. A copy shall be provided to the custodial agency.

2. A copy shall be provided to the treatment foster parents as long as no information about the child's birth family is revealed without their written consent.

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3. A copy shall be provided to the parents, if appropriate, as long as no information about the treatment foster parents is revealed without their written permission.

22 VAC 40-135-390. Case worker contact with the child.

A. There shall be face-to-face contact between the case worker or a designated professional child-placing agency staff and the child, based upon the child's treatment and service plan and as often as necessary to ensure that the child is receiving safe and effective services.

B. Face-to-face contacts shall be no less than twice a month, one of which shall be in the foster home. One of the contacts shall include the child and at least one treatment foster parent and shall assess the relationship between the child and the treatment foster parents.

C. The contacts shall assess the child's progress, provide training and guidance to the treatment foster parents, monitor service delivery and allow the child to communicate concerns.

D. A description of all case management contacts shall be documented in the narrative.

E. Children who are able to communicate shall be interviewed privately at least once a month.

F. If the child refuses contact with the case worker either directly or indirectly, the agency shall document the refusal and efforts made towards establishing face-to-face contact with the child. The agency shall make diligent efforts to see the child face-to-face and shall establish a plan to address the child's refusal and complete the required face-to-face visits. The child's custodian or the custodial agency shall be notified that the child has not been seen.

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22 VAC 40-135-400. Medical Care.

A. Medical examinations shall be no more than 13 months apart. Reports shall be signed by the physician, his designee or an official of the local health department.

1. The School Entrance Health Form of the Department of Health or its equivalent may be used to meet the requirements for a medical examination.

2. Medical examination reports shall include the following unless the physician recommends otherwise:

a. Immunizations given in the past thirteen months or since the last examination; and

b. Current health status and physical condition, including growth and development, visual and auditory acuity, nutritional status, evidence of freedom from tuberculosis in a communicable form, allergies, chronic conditions and handicaps.

3. The agency shall arrange for the child to receive recommended follow-up care as well as care for illnesses or injuries and shall document all medical care provided to the child.

B. The case worker shall record all medications prescribed for children and all side effects or adverse reactions reported.

C. Dental examinations for children over three years of age shall be within thirteen months of the last examination and every thirteen months thereafter. The findings shall be signed by a licensed dentist or his designee. The agency shall arrange for the child to receive the recommended follow-up care as well as care for injuries or other conditions requiring attention between examinations.

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D. Children shall be given prescription medication only in accordance with an order signed by a physician or as printed on a prescription label.

E. Children shall be given over the counter medication only for conditions indicated on the manufacturer's label and are to be given in accordance with the directions and dosages as printed on the manufacturer's label unless otherwise ordered by a physician.

F. Medication and medical care are only to be given with the consent of the legal guardian or placing agency or by order of a court having jurisdiction.

G. Major illnesses, injuries, accidents, and head injuries shall be reported to the child's parent, guardian or the custodial agency as soon as possible in all cases and immediately if authorization to get emergency medical care is needed.

22 VAC 40-135-410. Professional and clinical consultative services.

A. Professional clinical or consultative services shall be provided in consultation with the custodial agency.

B. The child shall receive recommended psychiatric, psychological, and other clinical services if the need for services has been identified. Exception: If the agency does not follow a recommendation, it shall explain in the service plans why following the recommendation would not be in the child's best interest.

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22 VAC 40-135-420. Crisis intervention and physical restraint.

A. Physical restraint may only be imposed in emergency or crisis circumstances and shall be only that which is minimally necessary to ensure the immediate physical safety of the child or other individuals.

B. Less restrictive interventions must have been determined ineffective.

C. The agency shall require that other methods of crisis intervention and alternatives to physical restraint be used before physical restraint is attempted on a child.

D. Physical restraint shall only be used as described in the child's treatment and service plan.

E. Agencies shall require the individual who restrained the child whether treatment foster parent or professional staff to document each instance of physical restraint. The agency shall maintain copies of these reports in the child's record. The documentation shall include:

1. The reason for the restraint;
2. The non-intrusive interventions attempted prior to the physical restraint;
3. A description of the restraint used and duration of the restraint;
4. Any injuries or death resulting from the restraint; and
5. The outcome of the crisis intervention.

F. The foster parent shall notify the agency within one hour of any instance of physical restraint.

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G. Physical restraint may not used for more than 15 minutes for a child under 9 years of age or more than 30 minutes for a child more than 10 years of age without approval from the supervisory or senior staff person designated to monitor the use and duration of the restraint.

H. The agency shall designate a supervisory or senior staff person to monitor the use and duration of the restraint. The supervisory or senior staff person designated shall have training in restraint and be competent to provide assessment of the mental and physical well-being of the child or youth being restrained. The designated supervisory or senior staff person shall assess that the restraint is being done in a safe manner.

I. The assessment by the designated supervisory or senior staff person shall take place no later than one hour after the initiation of the restraint. The assessment shall be documented in the child's record.

22 VAC 40-135-430. Clothing.

A. The agency shall document that every child in care has a supply of clothing for indoor and outdoor wear, suitable to the season.

B. Clothing shall be properly laundered or cleaned and altered, repaired, discarded, and replaced as needed.

22 VAC 40-135-440. Allowance.

A. School-age children shall have an allowance, which shall be specified in the child's case record. The agency shall be responsible for safekeeping and for record-keeping of any money that belongs to a child placed in treatment foster care.

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B. A child's funds, including any allowance or earnings, shall be used for the child's benefit. If the agency chooses to withhold allowance from a child as part of the treatment plan, the money shall be held for the child's use at a later time or provided to the child, the child's custodian, or the receiving agency upon discharge. It cannot be used by the agency or foster parent.

C. The amount of a child's allowance should be equal to or greater than the allowance amount stipulated by the Department as part of the foster care rate.

22 VAC 40-135-450. Food.

A. Children in treatment foster care shall receive meals and snacks appropriate to the child's nutritional needs.

B. Children shall receive special diets if prescribed by a physician or in accordance with the religious or ethnic practices of the child or the child's family.

C. Drinking water shall be available at all times.

22 VAC 40-135-460. Moving the child to another treatment foster home.

A. When the agency determines that it is in the child's best interest to move the child to another treatment foster home, the agency shall consult with the placing agency before the child's move, unless the move is necessary due to an emergency situation or due to child abuse and neglect.

B. When the agency cannot consult with the placing agency before moving the child, it shall do so within 24 hours of the move or by the first business day.

22 VAC 40-135-470. Narratives in the child's record.

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Narratives shall be in chronological order and current within thirty days. Narratives shall include areas specified in these standards and shall cover:

1. Pre-placement activities and services;
2. Treatment and services provided;
3. All contacts related to the child including the reason for contact and a description of what occurred during the contact;
4. Use of physical restraint, if any;
5. Moves to another treatment foster home or placement for respite care, including date, reason, any preparation of the child and treatment foster parent, and the name of the treatment foster parent receiving the child;
6. Visitation between the child and the child's family; and
7. A description of other significant events.

22 VAC 40-135-480. Requirements for case records for children.

A. The agency shall maintain an indexed case record for each child indicating the organization of documentation in the record.

B. All services and treatment provided to the child shall be documented in the case record.

C. The placement agreement between the placing agency and the child-placing agency or the entrustment agreement between the legal guardian and the child-placing agency shall be filed in the child's record.

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D. If an agency has more than one office, the record shall identify the location of the office that provided the service.

E. Entries shall be in chronological order, be dated and identify the person making the entry.

Entries shall be typed or legibly handwritten in ink.

F. The child's case record shall include:

1. A description of the child and a recent photograph attached to the face sheet or filed in the front of the record.

2. A face sheet to be completed within 72 hours of placement, and filed in the front of the record, which includes:

a. Personally identifying information including the child's name, date of birth, place of birth, Medicaid number, and Social Security number, if known.

b. Name, address, marital status, telephone number, and Social Security number, if available for the child's parents.

c. Names, addresses, and telephone numbers for grandparents, close relatives, and siblings, when known;

c. Names, addresses and telephone numbers of person or agency holding custody; and

d. Names and telephone numbers of persons to be contacted in an emergency;

e. Date of placement and date of discharge.

f. Level or type of care provided.

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3. Intake information including referral forms, the application for admission, social history, psychological or psychiatric reports, school information, placement agreements or entrustment agreements, and medical reports received at intake;
4. The original or a copy of the child's birth certificate, if available.
5. Rationale for placing the child in the selected treatment foster home;
6. Authorizations from the placing agency or legal guardian for routine and emergency medical and dental care; for out of state travel and overnight travel within the state; participation in special activities, and publicity releases;
7. Ongoing school and educational records;
8. Ongoing medical and dental treatment;
9. Clinical treatment, including progress notes and psychological or psychiatric evaluations;
10. Treatment and service plans and quarterly progress reports, including the members of the child's treatment team and the designated lead professional staff;
11. Names, addresses and dates of all placements the child has while in the agency's care;
12. All correspondence related to the child;
13. Narrative, including a chronological narrative or summary of contacts with and services provided to the family. It shall include documentation of visits between the parents and the child or attempts to visit.

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14. Documentation of serious incidents, physical restraints, injuries, and behavior management reports, where appropriate; and

15. Other material pertaining to a child in treatment foster care as required by these standards, and any other applicable standards and laws.

C. Any information on the child's birth family and services provided to them shall be documented in either the child's record or a separate family record.

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Part VIII.

Discharge from Treatment Foster Care.

22 VAC 40-135-490. Discharge summary.

A. A discharge summary shall be developed for each child and placed in the child's record within 30 days of discharge.

B. The discharge summary shall include:

1. The date of and reason for discharge;
2. The name of the person with whom the child was placed or to whom he was discharged;
3. A description of the treatment and services provided to the child;
4. Written recommendations for aftercare services specifying the nature, frequency and duration of aftercare services to be provided by the agency to the child and the child's family;
and
5. An evaluation of the progress made towards achievement of the child's treatment goals.

22 VAC 40-135-500. Discharge and discharge planning.

A. The recommendations for aftercare services shall be determined and shared before the child's discharge with the placing agency and the parents, where appropriate. Recommendations shall specify the nature, frequency and duration of aftercare services to be provided by the agency to the child and the child's family

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B. Discharge planning shall be developed with the treatment team, the custodial agency, the child, and the child's parents or guardian, where appropriate.

C. Children in the custody of a local department of social services or private child-placing agency shall not be discharged without the knowledge, consultation, and notification of the custodial agency.

D. Children under the age of 18 shall only be discharged to the agency, parent, or guardian having legal custody. The parents or guardian shall be notified of the child's discharge from the program.

E. Upon discharge a copy of medical and school reports maintained by the agency, and the birth certificate if the agency holds custody, shall be given to the parents or receiving agency.

F. If requested, information shall be released to a child who has reached 18 in accordance with the *Code of Virginia*.

G. Children in treatment foster care shall be placed upon discharge in accordance with the *Code of Virginia*.

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PART IX.

Interstate Placements.

22 VAC 40-135-510. Interstate compacts.

A. Treatment foster care providers shall comply with the Interstate Compact on the Placement of Children before sending a child out of state or receiving a child into the Commonwealth for treatment foster care. The procedures to be followed are in the Service Program Manual, Volume VII, Section III, Chapter E.

B. If a Virginia agency is asked to supervise the placement of an out-of-state child, it shall have notification of Compact approval of the placement before proceeding. The placing agency is responsible for getting Compact approval.

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Part X.Treatment Foster Homes.

22 VAC 40-135-520. The treatment foster family and foster home capacity.

A. The total number of children receiving treatment foster care services and placed in one treatment foster home shall not exceed two without justification. Justification may include the need to place a sibling group, the extraordinary abilities of a particular family in relation to the special needs of the child, and the family's ability and capacity to take an additional child.

B. Justification for exceeding two children shall be written, dated, approved and signed by the supervisor before placing additional children in the home. The justification shall include the impact of the additional placement on all other children in the home.

C. Treatment foster parents shall have the right to refuse placement of a child believed to be inappropriate for the home or a danger to the children currently in the home.

D. Foster home capacity. The total number of children placed in a two parent treatment foster home shall not exceed six including the parent's own children; the total number of children placed in a single parent treatment foster home shall not exceed four including the parent's own children. EXCEPTION: When placement of a sibling group in one home is in the best interest of the siblings, the total may exceed the stated capacity. The physical accommodations of the home shall be adequate for the number of children placed. The capabilities and skills of the provider shall be sufficient to manage the number of children placed. The child-placing agency

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shall take into consideration the special needs or services required by other individuals in the home when determining the capacity of a particular foster home.

22 VAC 40-135-530. Home Study and Evaluation.

A. The information required in this section shall be gathered in order to assess the applicants' capacities as treatment foster parents. If the home is approved, the information shall be used to determine the type of child that can successfully be placed in the home. An agency may have additional requirements at its discretion.

B. The home study shall be written and the home approved before a child is placed.

C. The agency shall conduct interviews with all household members. Dates and content of interviews shall be documented in the home study.

D. There shall be a minimum of three face-to-face interviews with a treatment foster parent applicant. One of the three face-to-face interviews shall occur in the home. For couples, at least one face-to-face interview shall be a joint interview in the home. Orientation and pre-service training sessions provided during the home study process shall not count towards the required number of face-to-face interviews.

E. The agency shall conduct at least one face-to-face interview with all household members. If a household member cannot be interviewed due to age or incapacity, the home study shall document the reason the household member could not be interviewed. The case worker's observation of the household member and the care required by the applicant shall be documented.

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F. The agency shall request and obtain a minimum of three non-relative references for the applicant and all adult household members. Additional references may also be requested from relatives or others at the agency's discretion. References must be obtained first hand by the agency. References may be contacted by telephone, face to face interview, or a written request for a reference.

G. A report on the health of all members of the household shall be obtained from a licensed physician, his designee, or an official of a local health department. The report shall be obtained no earlier than 12 months before the approval and shall contain:

1. An evaluation of the current health of the household member. Additional reports from specialists shall be received when health concerns affecting the care of children are noted;
2. A statement that the household member does not have tuberculosis in a communicable form including the date and type of test and the results. If the test is positive or no test is done, there shall be a written explanation by the physician, his designee, or an official of the local health department. Additional tests are not required unless the household member is exposed to a known case of tuberculosis or develops chronic respiratory symptoms;
3. An opinion as to whether the health of the household member will affect the care or present a hazard to the health of children; and
4. The signature of a physician, his designee or an official of the local health department.

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H. The medical examination shall be updated if the agency has concerns about the health of members of the foster family. The agency shall document its assessment of known health problems that may impact the care or health of children.

I. The agency shall ensure that the treatment foster home complies with section 63.2-1721 of the Code of Virginia and related regulations promulgated by the State Board of Social Services. The requirements for a background check are sworn statement or affirmation, criminal history record check, and search of the central registry.

J. Transportation of Children.

1. The agency shall check the treatment foster parent applicants' Department of Motor Vehicles records and the record of other household members designated to provide transportation for children placed in the home.

2. The home study shall document discussion with the driver of results affecting the safety of children transported by the driver.

3. Anyone who transports children placed in treatment foster care shall have a valid driver's license and automobile liability insurance.

4. The vehicle used to transport children shall have a valid license and inspection sticker.

5. Individuals transporting children shall use automobile safety seats and automobile seat belts in accordance with the requirements of the Code of Virginia.

K. The treatment foster parent shall be at least 21 years old.

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L. Applicants shall have sufficient income and financial resources to assure continuing maintenance of the family.

1. The agency shall discuss the employment history of an applicant. The child-placing agency shall request a reference from employers where employment is relevant to treatment foster care. This reference may count towards one of the three references required for foster home approval as long as the employer is not the applicant's relative. The agency may check other employment to assess the prospective treatment foster parent. Employment references may be checked by telephone, face to face interview, or requested in writing;

2. The agency shall assess the applicants' management of income and financial resources in relation to expenses.

3. The agency shall receive a financial statement indicating income from all sources, property, debts and expenses. If there is an amount in the agency's monthly payment above that required for the needs of the child, it may be counted as income.

M. If the applicant has previously applied to be a foster parent through another agency, the agency shall request information from the applicant about their previous application. The agency shall also request reference information from the agency where the applicant previously applied. This reference may count towards the three references required for foster home approval as long as the person providing the reference is not the applicant's relative.

N. The agency shall assess the motivations, expectations, commitment, and abilities of the treatment foster parent applicants. The agency shall assure that the following areas, as applicable, are covered in its assessment and document the basis for its conclusions:

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1. Family relationships to include how the couple and the family resolve conflicts and express affection, relationships with extended family, and children living outside of the home. For treatment parent applicants who are separated and divorced this shall include the relationship and involvement in the family of a previous spouse;
2. Stability of the marriage or relationship;
3. The applicants' experiences with children and as children;
4. The applicant's current parenting and disciplinary practices and their opinions and attitudes towards behavior management.
5. The applicants' ability to learn and apply the agency's recommended behavior management techniques, their willingness to assist in the treatment plan, and their commitment to become a part of the agency's treatment team;
6. The applicants' education and attitudes towards education;
7. The applicants' willingness to work with the school in a child's behalf;
8. The applicants' attitudes towards birth parents and towards working with the agency;
9. Health issues in the applicants' family and how this will impact the care of a child; and
10. The applicants' preferences for age, gender and characteristics of the child desired.

O. Residence and Surrounding Area

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The agency shall determine that the applicants' home and the surrounding area is free of hazards to the health and safety of children, is clean, and is in good physical repair. The following areas shall also be included in the agency's assessment of the home:

1. Rooms used by children shall be well lighted for activities and safety.
2. The home study shall document that the home has an operable heating and ventilation system. Rooms used by children in treatment foster care shall be heated in winter, dry, and well ventilated.
3. If the family possesses firearms, pellet guns, air rifles or other weapons, these items shall be locked up in a secure area/location inaccessible to children. Firearms shall be kept unloaded and ammunition shall be locked in a separate location. The location of firearms and ammunition shall be documented in the home study.
4. Children over the age of two shall not share a bed or bedroom with the foster parents or other adults in the home unless the child's documented medical needs or disabilities require the foster parent to sleep in the room with the child.
5. The home study shall document that the rooms to be used for children contain either closet or drawer space or both for clothing and personal possessions of children over two years of age.
6. Rooms used for children shall be large enough to comfortably hold the required furnishings and give children unobstructed access to closets, drawer space, and beds.

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7. There shall be separate beds for children except that two siblings of the same gender may share a double bed unless contradicted by medical or psychological information provided to the agency. The number and location of beds to be used for children shall be documented. For children unable to use stairs unassisted, other than a child who can easily be carried, sleeping space shall be available on the first floor.

8. Children younger than 6 years of age shall not use the upper levels of double-deck or bunk beds.

9. Children not of the same gender and who are more than 3 years old shall not share a bedroom.

10. Children's bedrooms shall not be used as passageways and shall have doors for privacy.

11. The home shall keep cleaning supplies and other toxic substances stored away from food, secured and out of the reach of children. The location of cleaning supplies and toxic substances shall be documented in the home study. EXCEPTION: Where appropriate, adolescents may have access to and may use cleaning supplies.

12. The home study shall document the location in the home of a working telephone available to all household members including children placed in treatment foster care in case of emergency.

13. Prescription and non-prescription medication shall be kept out of the reach of children. The home study shall document the location where medication is stored.

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14. At least one toilet, sink, and tub or shower in good working order shall be available for every eight household members.

15. The home shall have space and equipment for food preparation, service, and storage.

16. The home shall be in compliance with local ordinances.

17. No more than two adults may share a room designated for sleeping.

18. No more than four children shall occupy one bedroom.

19. The home and yard shall be free from litter and debris and present no hazard to the safety of the children receiving treatment foster care services.

20. Sleeping areas shall have an operable smoke detector.

21. If animals are kept in the house or yard, the home study shall document the presence of animals and efforts made to ensure the safety of children placed.

a. Dogs and cats shall be vaccinated for rabies and treated for fleas, ticks, and worms as needed.

b. The agency shall verify that the rabies certificate is current.

c. Children in treatment foster care shall be protected from animals in the home which may be a health or safety hazard.

d. Animals shall be tested, inoculated and licensed as required by law.

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22. The home study shall document inspection of the home's water supply and sewage disposal system, if requested. The agency may request an inspection of the home's water supply and sewage disposal system if conditions indicate a need for inspection.

P. Approval or disapproval

1. The agency shall recommend approval or disapproval based on a careful assessment of

a. the characteristics outlined in this section;

b. information received through the home study process;

c. the applicants' participation in the home study process and in orientation and pre-service training.

d. The decision to approve or deny shall be made in consultation with the executive director, director of social services, or child-placing supervisor. The decision may also be made in a staff meeting. The date of the decision and the names of those individuals involved in the decision making shall be recorded in the applicants' record.

2. If approval is recommended, the case worker shall recommend the age, gender, and type of children who can successfully be placed and give the basis for the recommendation.

3. The applicants shall be informed in writing within a week of the approval or disapproval of the home study and offered an interview to have the agency's decision explained to them.

22 VAC 40-135-540. Services and requirements following approval.

A. The agency shall provide orientation and on-going training for treatment foster parents.

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B. The agency shall provide the foster family with written procedures for handling emergencies during and outside the agency's regular office hours.

C. Treatment foster parents shall have access to both planned and crisis respite care for their foster children.

1. Respite care for children placed in treatment foster care may be provided only by a foster parent who has been trained and approved by a child-placing agency or by a licensed child care provider.

2. Respite providers in treatment foster care shall be informed of the child's treatment and service plan and shall be supervised in the implementation of this plan.

3. Every effort shall be made to introduce children in treatment foster care to the respite care provider prior to using the provider for respite care.

4. When placing a child in the custody of a local department of social services for respite care, the procedures in the Service Program Manual must be followed.

D. At the request of the agency or the licensing representative, a medical examination shall be obtained when there are indications that the safety or health of the children in care may be jeopardized by the physical or mental health of a household member. The agency shall plan for the immediate removal of foster children if the examination reveals that their safety or health might be in jeopardy. This examination shall be obtained by the parent or guardian if the household member indicated is a child.

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E. Whenever there is a change in physical location, marital status, or a significant change in household composition, a written re-evaluation to address pertinent standards shall be completed by a case worker. The agency shall make a re-determination of the continued status of the foster parents. The agency shall follow the background investigation requirements of the *Code of Virginia* for any new adult members of the household. The agency shall receive a current report from the Department of Motor Vehicles on any new drivers in the home, if they are to transport foster children.

F. For the purposes of renewing approval or disapproving the foster home the agency shall re-evaluate after one year and every two years thereafter covering the topics in the initial home study. The re-evaluation shall take place in the home and the visit made when both parents can be present. EXCEPTION: If the re-evaluation is due and one parent is absent for a period longer than 30 days, the absence shall be documented and the re-evaluation completed with the available parent. A joint re-evaluation of the foster home shall be completed within 30 days of the absent parent's return.

1. The re-evaluation shall indicate the time period covered and include:

a. The names of the family members who participated;

b. A brief description of the adjustment of each child placed in the home since the previous evaluation;

c. An evaluation of the performance of the treatment foster parents addressing their ability to relate to the children;

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d. An evaluation of the ability of the treatment foster parents to help children reach their treatment goals and objectives;

e. The foster parents' skills in working with particular types of problems;

f. The relationship between the children and the family members;

g. The stability of the home;

h. Any problems or significant changes that have occurred in the family since the last evaluation;

i. The ability of the treatment foster parents to work with the agency, as part of a treatment team, and with the birth parents in meeting the needs of a child;

j. An evaluation of the treatment family's skills and abilities as treatment foster parents including any concerns and training needs;

k. The reasons for removal of any foster children from the home during the evaluation period.

2. The agency shall make a recommendation regarding continued use of the home, further training needs of the foster parents, and age, gender, types and number of children that the home can successfully handle.

3. The criminal record background check, child protective service background check, and motor vehicle record check may be repeated at the time of re-evaluation and renewal if the child-placing agency believes it is necessary or as required by regulations or statutes.

22 VAC 40-135-550. Placing children in the treatment foster home.

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A. Before placement, the family shall be assisted to make an informed decision as to whether a particular child is appropriate for them. The family shall be provided with written procedures for handling emergencies both during and outside the agency's hours of operation. The agency shall document preparation of the treatment family for each child placed with them.

B. A treatment foster home agreement shall be made between the agency and the treatment foster family for each child in care.

1. The treatment foster home agreement with the treatment family shall be in writing;

2. The treatment foster home agreement shall be signed on or before the date the child is placed in the home;

3. The treatment foster home agreement shall include:

a. The payment for foster care;

b. Payment for other expenses;

c. Arrangements for medical care;

d. Arrangements for the provision of clothing;

e. Arrangements for spending money for the child;

f. Arrangements for visits by parents;

g. A clear statement that the agency has the right to remove the child when it considers it in the child's best interest; and

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- h. A statement that the foster family has the right to receive the support and assistance of agency staff at all times in relation to the child's care in the home.
 - i. An agreement not to use physical punishment, mechanical restraint, chemical restraint, or seclusion or give others permission to do so.
 - j. An agreement not to delegate discipline or permit punishment of a child by another child or by an adult not known to the child and authorized as a caretaker for the child by the agency.
4. If changes are made to the agreement, the agreement shall be updated in writing and signed and dated by an agency representative and the foster parent.

C. Emergency Planning.

1. Foster parents shall have a written plan in case of emergency which includes:
- a. Emergency evacuation procedures in case of emergencies;
 - b. Phone numbers for police, firefighters, emergency medical professionals, and the poison control center which shall be posted at each telephone;
 - c. Name, address, and telephone number of the child's primary care physician; and
 - d. The location of first aid supplies. First aid supplies shall be easily accessible in case of emergency First aid supplies shall be readily accessible to the care giver or care givers and inaccessible to children. The required first aid supplies which shall be available are:
 - (1) Scissors;

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(2) Tweezers;

(3) Sterile nonstick gauze pads;

(4) Adhesive or bandage tape;

(5) Band-aids, assorted sizes;

(6) Sealed packages of alcohol wipes or an antiseptic cleaning agent;

(7) An anti-bacterial ointment;

(8) Thermometer;

(9) Chemical cold pack or ice pack;

(10) Insect bite or sting preparation;

(11) Flexible roller or stretch gauze;

(12) Disposable nonporous gloves.

2. The treatment foster parents shall rehearse the emergency evacuation plan with children every six months. Treatment foster parents shall review the evacuation plan with a child who is developmentally able to understand within 48 hours of placement. This review shall include all children placed in the home.

22 VAC 40-135-560. Treatment Foster Home Record.

The foster home record shall contain:

1. A face sheet placed in the front of the record and updated as needed listing:

a. The date the home was approved to receive treatment foster care placements,

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- b. Permanent members of the household;
 - c. The relationship of permanent household members to the foster parents; and
 - d. The date and reason for closure of the foster home, if applicable.
2. The agency application form filled out by the foster parents;
 3. A record of orientation and training provided to the foster parents;
 4. A copy of the treatment foster home written plan in case of emergency;
 4. A narrative account of the preparation of the family for each child placed with them;
 5. A list of the children placed including names, birth date or age, dates of placement and removal and reasons for removal;
 6. Copies of all treatment foster home agreements;
 7. The home study and materials required for the home study by these standards;
 8. Documentation of background investigation requirements of the *Code of Virginia*;
 9. Re-evaluations of the treatment foster home; and
 10. Documentation of any concerns the agency has about the status of the foster home or complaints received involving foster parents including reports of abuse or neglect and action taken or findings made by the agency.
 11. When applicable, written notification to the treatment foster family of the closure of the home including the date the decision was made and the effective date of the decision.

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Part XI.

Training for Treatment Foster Parents.

22 VAC 40-135-570. Training before approval of treatment foster homes.

A. Before approval of the treatment foster home, prospective treatment foster parents shall satisfactorily complete pre-service training in the following:

1. The strengths and needs of children and their families who require treatment foster care services;
2. The impact of separation and loss for all parties involved in family foster care;
3. The laws, regulations, policies, procedures, and values that direct the agency's treatment foster care program;
4. The knowledge and practice skills necessary to be a treatment foster parent;
5. The impact of fostering on treatment foster parents, their children, and all aspects of their family life;
6. The specific types of children served by the agency and the services these children will need;
7. The crisis intervention procedures utilized by the agency;
8. The agency's treatment philosophy, behavior management program, and skill training in the treatment and behavior management methods the agency uses;

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9. How the treatment team operates within the agency and the role of treatment foster parents as effective and essential members of the team;

10. The differences between treatment foster parenting and other types of parenting, including birth, adoptive, and other types of foster parenting; and

11. The identification and reporting of child abuse and neglect.

B. Prior to allowing treatment foster parents to utilize physical restraint techniques, agencies that permit physical restraint shall train designated treatment foster parents in less intrusive interventions and in physical restraint techniques approved by the agency. Physical restraint training must include:

1. Prevention and alternatives to physical restraint including verbal techniques for de-escalation and mediation;

2. Needs and behaviors of the population served;

3. Relationship building and how behavior can influence or lead to a crisis;

4. Agency policies and procedures regarding the use of physical restraint;

5. The proper administration of physical restraint techniques. Treatment foster parents must have hands-on training which includes the opportunity to practice the proper administration of physical restraint techniques prior to approval. The training must be supervised by a qualified staff person or trainer approved or certified to utilize the physical restraint technique he is teaching;

6. De-escalation methods;

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7. Avoiding power struggles;

8. Thresholds for restraint;

9. Monitoring the child's physical and mental well-being including how to recognize signs of physical distress;

10. Determining the need for medical assistance and how to obtain medical assistance;

11. Legal issues;

12. Position asphyxia or death that occurs when an individual's body position interferes with breathing;

13. Self-protection, escape and evasion techniques;

14. Determining when to discontinue physical restraint including time limits;

15. The process for notifying the agency of the use of physical restraint, and the process for obtaining approval to continue restraint;

16. Procedures to address problematic restraints;

17. Documentation of the use, circumstances, less restrictive techniques utilized prior to initiating restraint, and the duration of the physical restraint intervention;

18. Processing with children, and follow-up with staff; and

19. Procedures for investigating and handling injuries and complaints.

22 VAC 40-135-580. Training following approval of treatment foster homes.

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The agency shall develop a training plan for approved treatment foster parents. The specific training topics shall be covered annually, included in the agency's program description, and shall include, but not be limited to, the following:

1. Building on basic skills and developing advanced skills;
2. Helping children develop self esteem and learn appropriate behaviors;
3. Responding to signs and symptoms of physical abuse, sexual abuse, neglect, and emotional maltreatment;
4. Helping children with family reunification, adoption, and preparation for independent living; and
5. A review of crisis intervention procedures, physical restraint techniques utilized by the agency, the agency's treatment philosophy, behavior management methods, and skill training in the treatment methods the agency uses.
6. Additional training shall be provided based on the needs of the treatment foster parents and the children in care. Treatment foster parents shall be consulted on their training needs.

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PART XII.Reports.22 VAC 40-135-590. General.

Licensed child welfare agencies shall keep records and make reports to the Commissioner as he may require. The forms to be used in the making of reports shall be prescribed and furnished by the Commissioner pursuant to the *Code of Virginia*.

22 VAC 40-135-600. Death of a child.

When a child in agency custody or care dies, the agency shall notify the parent or guardian of the child immediately and notify the licensing representative within 24 hours or by the end of the next business day. A written report of the circumstances shall be made to the licensing representative within seven days of the death.

22 VAC 40-135-610. Abuse or neglect.

The agency shall:

1. Immediately notify the appropriate Child Protective Services' unit of the local department of social services or the Child Abuse and Neglect Hotline of all complaints of suspected abuse and neglect of a child under the agency's supervision. The agency shall also immediately notify the custodial agency worker or supervisor. The licensing representative shall be notified within 24 hours or by the end of the next business day whenever the allegations of abuse or neglect involve a staff member of the agency;
2. Cooperate with the local department in its investigation of the complaint;

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3. Investigate complaints to determine if its policies and procedures have been violated. The findings shall be recorded in the appropriate agency record. Violations of the agency's policies and procedures shall be reported to the licensing representative along with the agency's plans for corrective action; and

4. Where the complaint has been accepted by Child Protective Services for investigation, the agency shall submit a written report of the status of the agency's investigation to the licensing representative within 60 days of receipt of the complaint and a final report within 90 days. The Child Protective Services' disposition and action taken by the agency shall be included in the final report.

22 VAC 40-135-620. Missing children.

When a child placed in treatment foster care is determined to be missing, the agency shall:

1. Immediately notify the custodial agency worker or supervisor;
2. Take appropriate action, including reporting to and cooperating with local police or other appropriate officials; and
3. If the child is not located or does not return within 24 hours, the agency shall submit a written report to the licensing representative within 30 days. The report shall notify the licensing representative that a child placed in treatment foster care is missing; describe the circumstances surrounding the disappearance; and document any actions taken, including efforts made to locate the child, by the agency or treatment foster parent.